

Exhibit A

Fill in this information to identify the case:Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing

Official Form 206Sum Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from Schedule A/B..... \$ 0.00**1b. Total personal property:**Copy line 91A from Schedule A/B..... \$ 774,113.42**1c. Total of all property:**Copy line 92 from Schedule A/B..... \$ 774,113.42**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D..... \$ 8,463,161.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ 0.00**3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... +\$ 6,217,457.33**4. Total liabilities**

Lines 2 + 3a + 3b

\$ 14,680,618.33

Fill in this information to identify the case:

Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

 No. Go to Part 2. Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

JPMorgan Chase Bank PO Box 659754 3.1. San Antonio, TX	Commercial Checking	9230	\$3,061.37
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JPMorgan Chase Bank PO Box 659754 3.2. San Antonio, TX	Commercial Checking	0327	\$74.62
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JPMorgan Chase Bank PO Box 659754 3.3. San Antonio, TX	Commercial Checking	0138	\$1.00
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JPMorgan Chase Bank PO Box 659754 3.4. San Antonio, TX	Commercial Checking	2075	\$0.00
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JPMorgan Chase Bank PO Box 659754 3.5. San Antonio, TX	Commercial Checking	2935	\$10.49
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4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,147.48

Debtor Hamilton Well Service LLC
Name _____

Case number (*If known*) _____

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- No. Go to Part 4.
- Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:	770,965.94	-	0.00	=	\$770,965.94
	face amount		doubtful or uncollectible accounts		

12. Total of Part 3.

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$770,965.94

Part 4: Investments

13. Does the debtor own any investments?

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture				
40. Office fixtures				
41. Office equipment, including all computer equipment and communication systems equipment and software See Attachment 41		Unknown	N/A	Unknown

Debtor Hamilton Well Service LLC
Name _____

Case number (*If known*) _____

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

No
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.)	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. 6270 W. Highway 21, Bryan, Texas	Nonresidential Real Property Lease	Unknown	N/A	Unknown
55.2. 7506 Loop 175, Victoria, Texas	Nonresidential Real Property Lease	Unknown		Unknown
55.3. #3 Cox Road, Kilgore Texas	Nonresidential Real Property Lease	Unknown	N/A	Unknown
55.4. 1987 FM 1581, Pearsall, Texas	Nonresidential Real Property Lease	Unknown	N/A	Unknown

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.

\$0.00

Debtor Hamilton Well Service LLC
Name _____

Case number (*If known*) _____

Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?
 No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?
 No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?
 Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

**Current value of
debtor's interest**

71. **Notes receivable**
 Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**
 Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**
 Lawsuit - Cause No. 16-DCV-230885; Hamilton Well Service, LLC v. First Solid Energy Group, LP; In the 400th Judicial District Court of Fort Bend County, Texas

Unknown

Nature of claim _____
Amount requested _____ \$0.00

Lawsuit - Cause No. 5:15-cv-112; Bernardo Orozco v CAT, Inc. Isabelle Godbout and Toni Curkovic; In the United States District Court for the Southern District of Texas, Laredo Division

Unknown

Nature of claim _____
Amount requested _____ \$0.00

Cause No. 5:15-cv-181; Hector Garza and Raul Hernandez v. Canadian Transport (CAT) Inc. and Toni Curkovic; In the United States District Court for the Southern District of Texas, Laredo Division

Unknown

Nature of claim _____
Amount requested _____ \$0.00

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Debtor Hamilton Well Service LLC _____ Case number (*If known*) _____
Name _____

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples:* Season tickets,
country club membership

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

No
 Yes

Debtor Hamilton Well Service LLC
Name _____

Case number (*If known*) _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$3,147.48	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$770,965.94	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$0.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	\$0.00	
91. Total. Add lines 80 through 90 for each column	\$774,113.42	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$774,113.42

Fill in this information to identify the case:

Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	<p>Brett Jensen Creditor's Name</p> <p>16 Waterway Court Spring, TX 77380 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 03/31/15</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All assets of the Debtor</p> <p>Describe the lien Promissory Note/Security Agreement</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	\$395,000.00 \$0.00
2.2	<p>Brett Jensen Creditor's Name</p> <p>16 Waterway Court Spring, TX 77380 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 05/22/15</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien All assets of the Debtor</p> <p>Describe the lien Promissory Note/Security Agreement</p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p>	\$22,000.00 Unknown

Debtor Hamilton Well Service LLC _____ Case number (if known) _____

No Contingent
 Yes. Specify each creditor, Unliquidated
 including this creditor and its relative Disputed
 priority.

2.3 Croff Oil Company, Inc. **Describe debtor's property that is subject to a lien** \$715,000.00 **Unknown**
 Creditor's Name All assets of the Debtor

16 Waterway Court
Spring, TX 77380

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
03/31/15
Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien
Promissory Note/Security Agreement

Is the creditor an insider or related party?

No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.4 Croff Oil Company, Inc. **Describe debtor's property that is subject to a lien** \$100,000.00 **Unknown**
 Creditor's Name All assets of the Debtor

16 Waterway Court
Spring, TX 77380

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
05/22/15
Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien
Promissory Note/Security Agreement

Is the creditor an insider or related party?

No
 Yes
Is anyone else liable on this claim?
 No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply
 Contingent
 Unliquidated
 Disputed

2.5 Croff Oil Company, Inc. **Describe debtor's property that is subject to a lien** \$714,161.00 **Unknown**
 Creditor's Name All Assets of the Debtor

16 Waterway Court
Spring, TX 77380

Creditor's mailing address

Creditor's email address, if known

Describe the lien
Promissory Note/Security Agreement

Is the creditor an insider or related party?

No
 Yes

Debtor	<u>Hamilton Well Service LLC</u>		Case number (if known)
Name			
<p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>			
<p>Date debt was incurred 09/30/15 Last 4 digits of account number</p>			
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>			
<p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
<p>2.6 Croff Oil Company, Inc.</p> <p>Creditor's Name</p> <p>16 Waterway Court Spring, TX 77380</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 10/09/15 Last 4 digits of account number</p>		<p>Describe debtor's property that is subject to a lien</p> <p>All assets of the Debtor</p>	<p>\$200,000.00</p> <p>\$0.00</p>
<p>Describe the lien</p> <p>Promissory Note/Security Agreement</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>			
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		<p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	
<p>2.7 Gerald L. Jensen</p> <p>Creditor's Name</p> <p>14 Hammock Dunes Place The Woodlands, TX 77389</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 03/31/15 Last 4 digits of account number</p>		<p>Describe debtor's property that is subject to a lien</p> <p>All assets of the Debtor.</p>	<p>\$472,000.00</p> <p>Unknown</p>
<p>Describe the lien</p> <p>Promissory Note/Security Agreement</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>			
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		<p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	
<p>2.8 Gerald L. Jensen</p>		<p>Describe debtor's property that is subject to a lien</p>	<p>\$200,000.00</p> <p>\$0.00</p>

Debtor	<u>Hamilton Well Service LLC</u>		Case number (if known)
Name			
Creditor's Name	All assets of the Debtor		
<u>14 Hammock Dunes Place</u> <u>The Woodlands, TX 77389</u>			
Creditor's mailing address			
Creditor's email address, if known			
Date debt was incurred			
<u>05/22/15</u>			
Last 4 digits of account number			
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>			
<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
2.9 <u>Gerald L. Jensen</u> Creditor's Name		Describe debtor's property that is subject to a lien	\$800,000.00
<u>14 Hammock Dunes Place</u> <u>The Woodlands, TX 77389</u> Creditor's mailing address		All assets of the Debtor	Unknown
<p>Describe the lien</p> <p><u>Promissory Note/Security Agreement</u></p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>			
<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>			
2.10 <u>Gerald L. Jensen</u> Creditor's Name		Describe debtor's property that is subject to a lien	\$425,000.00
<u>14 Hammock Dunes Place</u> <u>The Woodlands, TX 77389</u> Creditor's mailing address		All assets of the Debtor	Unknown
<p>Describe the lien</p> <p><u>Promissory Note/Security Agreement</u></p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>			
<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p>			

Debtor Hamilton Well Service LLC _____ Case number (if known) _____

No
 Yes. Specify each creditor, including this creditor and its relative priority.

Contingent
 Unliquidated
 Disputed

<p>2.1 1 Jenco Investments Partnership Creditor's Name</p> <p>14 Hammock Dunes Place Spring, TX 77389 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 03/31/15 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All assets of the Debtor</p> <p>Describe the lien <u>Promissory Note/Security Agreement</u></p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$2,070,000.00</p> <p>Unknown</p>
<p>2.1 2 Jenco Investments Partnership Creditor's Name</p> <p>14 Hammock Dunes Place Spring, TX 77389 Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 05/22/15 Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien All assets of the Debtor</p> <p>Describe the lien <u>Promissory Note/Security Agreement</u></p> <p>Is the creditor an insider or related party? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p>\$350,000.00</p> <p>Unknown</p>
<p>2.1 3 Thrift Opportunity Holdings, LP Creditor's Name</p> <p>14 Hammock Dunes Pl. Spring, TX 77389 Creditor's mailing address</p>	<p>Describe debtor's property that is subject to a lien All assets of the Debtor including accounts receivable</p> <p>Describe the lien <u>Promissory Note and Accounts Receivable Financing Agreement</u></p>	<p>\$1,500,000.00</p> <p>Unknown</p>

Debtor Name	Hamilton Well Service LLC	Case number (if known)
<p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p>		
<p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>		
<p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>		
2.1 4	<p>Thrift Opportunity Holdings, LP</p> <p>Creditor's Name</p> <p>14 Hammock Dunes Pl. Spring, TX 77389</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred 05/22/15</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien</p> <p>All Assets of the Debtor</p> <p>\$500,000.00</p> <p>Unknown</p> <p>Describe the lien</p> <p>Promissory Note/Security Agreement</p> <p>Is the creditor an insider or related party?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$8,463,161.0
0

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address 3D Welding & Industrial Supply, Inc 3016 Highway 123 San Marcos, TX 78666 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$482.88</u>
3.2	Nonpriority creditor's name and mailing address A & A Auto Parts 320 S. Mulberry St. Pearsall, TX 78061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,355.52</u>
3.3	Nonpriority creditor's name and mailing address Able Fastener, Inc. P.O. Box 22255 Beaumont, TX 77707 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$37,168.27</u>
3.4	Nonpriority creditor's name and mailing address Accelerated Production Service, Inc 2002 Timberloch Place Suite 500 The Woodlands, TX 77380 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$25,863.11</u>

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.5	Nonpriority creditor's name and mailing address Ace Inspections P.O. Box 396 Pearland, TX 77588 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	Nonpriority creditor's name and mailing address Acme Truck Line, Inc. PO Box 415000 MSC-410683 Nashville, TN 37241 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	Nonpriority creditor's name and mailing address ADT Security Services Inc P.O. Box 650485 Dallas, TX 75265-0485 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	Nonpriority creditor's name and mailing address Allgayner Inc. PO Box 611 El Campo, TX 77437 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	Nonpriority creditor's name and mailing address Alpha Machine and Repair PO BOX 429 Jourdanton, TX 78026 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	Nonpriority creditor's name and mailing address American Block Inc. 6311 BREEN RD. Houston, TX 77086 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	Nonpriority creditor's name and mailing address American Fire & Safety, Inc 3310 E. Adams Ave Temple, TX 76501 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.12	Nonpriority creditor's name and mailing address Aqua Beverage Company 701-A West Jackson El Campo, TX 77437 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13	Nonpriority creditor's name and mailing address AT&T PO Box 6463 Carol Stream, IL 60197-6463 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Telephone Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14	Nonpriority creditor's name and mailing address Aubaine Supply Company, Inc. P.O. Box 727 Giddings, TX 78942 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15	Nonpriority creditor's name and mailing address Axiom Med. Consulting, LLC 4840 West Panther Creek Dr Suite 106 The Woodlands, TX 77381 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.16	Nonpriority creditor's name and mailing address B&J Wholesale LLC PO Box 2190 Hobbs, NM 88241 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17	Nonpriority creditor's name and mailing address B&W Metals PO Box 19042 Houston, TX 77224-9042 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18	Nonpriority creditor's name and mailing address Baker Hughes Oilfield Operations PO Box 301057 Dallas, TX 75303-1057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.19	Nonpriority creditor's name and mailing address Barnett Bit PO Box 9010 Wichita Falls, TX 76308 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$6,078.75
3.20	Nonpriority creditor's name and mailing address Bassler Base & Services Inc PO Box 33 Bassler Energy Services Deanville, TX 77852 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,615.00
3.21	Nonpriority creditor's name and mailing address BCBS Cobra Services PO Box 731428 Cobra Services Health Care Service Corp Dallas, TX 75373-1428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$4,850.01
3.22	Nonpriority creditor's name and mailing address Benchmark Energy Transport Services, Inc P. O. Box 203904 Dallas, TX 75320-3904 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$14,356.80
3.23	Nonpriority creditor's name and mailing address Beps Auto Supply P.O. Box 253 Attn: Diane Matocha Ganado, TX 77962 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$8,497.10
3.24	Nonpriority creditor's name and mailing address Bestway Oilfield, Inc 16030 Market Street Channelview, TX 77530 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$74,218.87
3.25	Nonpriority creditor's name and mailing address BlueCross BlueShield P . O. BOX 731428 Dallas, TX 75373-1428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$302,073.36

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.26	Nonpriority creditor's name and mailing address Bobwhite Energy Service, LLC P.O Box 8 Victoria, TX 77902	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address Bonnie Ray 3233 Smetana Road Bryan, TX 77807	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Insurance Claims</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address Braxton Services, Inc P.O Box 2844 Attn: Ray Braxton Longview, TX 75606	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29	Nonpriority creditor's name and mailing address Brazos Valley Welding Supply 1359 Harvey Mitchell Pkwy. Bryan, TX 77803	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30	Nonpriority creditor's name and mailing address C&H Welding & Fabricating, Inc P.O Box 868 CaldWell, TX 77836	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.31	Nonpriority creditor's name and mailing address CAM Safety PO Box 1366 Granbury, TX 76048	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32	Nonpriority creditor's name and mailing address Centerpoint Energy 16 Waterway Ct. The Woodlands, TX 77380-2641	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.33	Nonpriority creditor's name and mailing address Ceridian Cobra Services P.O Box 10989 Newark, NJ 07193 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34	Nonpriority creditor's name and mailing address Chemsearch P.O. Box 971269 Dallas, TX 75397-1269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35	Nonpriority creditor's name and mailing address City of Pearsall 215 S. Ash Pearsall, TX 78061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.36	Nonpriority creditor's name and mailing address City of Victoria P.O. Box 1279 Utility Billing Office Victoria, TX 77902-1279 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37	Nonpriority creditor's name and mailing address Clements Fluids South Texas 4710 Kinsey Dr., Suite 200 Tyler, TX 75703 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38	Nonpriority creditor's name and mailing address Comcast P O Box660618 Dallas, TX 75266-0618 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39	Nonpriority creditor's name and mailing address Corporate Service LLC 3801 Plaza Tower Dr. Baton Rouge, LA 70816-4353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.40	Nonpriority creditor's name and mailing address CRB Interests, LLC 550 Whittington Road Kilgore, TX 73662 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,500.00
3.41	Nonpriority creditor's name and mailing address Custom Tinting & Truck 308 Circle Street Victoria, TX 77901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$10,736.10
3.42	Nonpriority creditor's name and mailing address Dan Garcia, Jr. 6310 Miliam Branch LN Rosenberg, TX 77471 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$42,133.32
3.43	Nonpriority creditor's name and mailing address Daniel Garcia Sr. 472 Becky Street El Campo, TX 77437 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$3,156.30
3.44	Nonpriority creditor's name and mailing address Dash Drilling Products, LLC 1100 Deer Hill Drive Bryan, TX 77807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$213.50
3.45	Nonpriority creditor's name and mailing address Debco Supply LLC P. O. BOX Friendswood, TX 77549 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$9,073.26
3.46	Nonpriority creditor's name and mailing address DHW Well Service, Inc. P.O. Box 1509 Carrizo Springs, TX 78834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$4,825.00

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.47	Nonpriority creditor's name and mailing address Dillahuntly Emerg Phys, PLLC P O Box 98762 Las Vegas, NV 89193-8762 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$516.40
3.48	Nonpriority creditor's name and mailing address DISA, Inc PO Box 120314 DISA Golbal Solutions, Inc Dept. 890314 Dallas, TX 75312-0314 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$59.00
3.49	Nonpriority creditor's name and mailing address Distribution Now P.O. BOX 200822 DNOW L.P. Dallas, TX 75320-0822 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$100,803.20
3.50	Nonpriority creditor's name and mailing address DK Energy Services 8700 Crownhill Blvd, Suite 100 San Antonio, TX 78209 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$10,310.00
3.51	Nonpriority creditor's name and mailing address DK Rig Movers, LLC PO Box 4652 Dept 457 Houston, TX 77210 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,792.00
3.52	Nonpriority creditor's name and mailing address Donderosa Development Co. 8326 Highway 21 West Bryan, TX 77807 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$7,050.11
3.53	Nonpriority creditor's name and mailing address Downhole Oil Tools, Inc Po Box 2393 Cypress, TX 77410-2393 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,650.00

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.54	Nonpriority creditor's name and mailing address Dragon Rig Sales and Service, LTD PO Box 3127 Beaumont, TX 77704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55	Nonpriority creditor's name and mailing address DRM Sales and Supply c/o Brad Miller Brockett & McNeel LLP Midland, TX 79705 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.56	Nonpriority creditor's name and mailing address DRM Transportation Services c/o Brad Miller Brockett & McNeel LLP Midland, TX 79705 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57	Nonpriority creditor's name and mailing address DWZ Welding, Inc P.O Box 535 Caldwell, TX 77836 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$34,213.40 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58	Nonpriority creditor's name and mailing address Dynalloy Industries Inc. P.O. BOX 10357 College Station, TX 77842 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$891.84 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59	Nonpriority creditor's name and mailing address E.L. Farmer & Company P.O. BOX 3512 Odessa, TX 79760 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$1,000.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	Nonpriority creditor's name and mailing address EHIM 26711 Northwestern Hwy, Ste.400 Southfield, MI 48033-2154 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. \$7,500.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.61	Nonpriority creditor's name and mailing address Entergy PO Box 8104 Baton Rouge, LA 70891-8104	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Utility Service
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	Nonpriority creditor's name and mailing address Evolution Oil Tools Inc P. O. Box 5363 2908 Coffey Street Victoria, TX 77903-5363	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Trade
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	Nonpriority creditor's name and mailing address Excalibur Rentals Inc. PO Box 3941 Victoria, TX 77903	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Trade
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	Nonpriority creditor's name and mailing address Famco Machine Shop 14823 Hooper Rd Famco Houston, TX 77047	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Trade
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	Nonpriority creditor's name and mailing address Fire and Safety Equipment 1087 CR 3031 Carthage, TX 75633	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Trade
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	Nonpriority creditor's name and mailing address Fort Bend County Toll Road Authority P.O Box 9970 Trenton, NJ 08650-2970	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Trade
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	Nonpriority creditor's name and mailing address Francisco Borrego 189 Parkwood Kilgore, TX 75662	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: Unpaid Insurance Claims
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.68	Nonpriority creditor's name and mailing address Gator Testing Services 41 HC Pioneer Parkway Sulphur Springs, TX 75482 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$12,693.75
3.69	Nonpriority creditor's name and mailing address Genco Energy Service PO Box 720130 McAllen, TX 78504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,104.15
3.70	Nonpriority creditor's name and mailing address Genesis Drug Testing P. O. Box 452307 Laredo, TX 78045 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,290.00
3.71	Nonpriority creditor's name and mailing address Goto International, Inc. P.O. Box 60453 Accounts Receivable Houston, TX 77205 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,129.95
3.72	Nonpriority creditor's name and mailing address Great America Financial Services Po Box 660831 Dallas, TX 75266-0831 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease payments</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$3,209.68
3.73	Nonpriority creditor's name and mailing address Great Plains Oilfield Rental P. O. Box 650840 Dallas, TX 75265-0840 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$9,050.42
3.74	Nonpriority creditor's name and mailing address Guice Engineering Inc. P.O. Box 3632 Longview, TX 75606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$61,702.50

Debtor	Hamilton Well Service LLC Name	Case number (if known)	
3.75	Nonpriority creditor's name and mailing address Harrison Supply, Inc P.O. BOX 306 Devine, TX 78016 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,240.48
3.76	Nonpriority creditor's name and mailing address Hafec International, Inc. P.O. Box 539 Sutherland Springs, TX 78161 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,415.59
3.77	Nonpriority creditor's name and mailing address Hesco Oilfield Supply Inc. 1711 Upland Dr. #105 Houston, TX 77043 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.78	Nonpriority creditor's name and mailing address Highway Escort Services PO Box 570 Saint Amant, LA 70774 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$379.25
3.79	Nonpriority creditor's name and mailing address Hills Specialty Company PO Box 69070 Odessa, TX 79769 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$53,953.51
3.80	Nonpriority creditor's name and mailing address Hoisting Wire Rope & Sling P.O. Box 4237 Corpus Christi, TX 78469 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,809.28
3.81	Nonpriority creditor's name and mailing address Hose Speciality & Supply of Houston LLC 5097 Ashley Court Houston, TX 77041 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$33,622.58

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.82	Nonpriority creditor's name and mailing address Hotsy/Carlson Equipment Co. P.O. Box 18643 Austin, TX 78760 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$3,599.31
3.83	Nonpriority creditor's name and mailing address Howard Supply Company, LLC P.O. Box 4869 Dept 312 Houston, TX 77210-4869 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$103,070.71
3.84	Nonpriority creditor's name and mailing address Humana, Inc PO BOX 560 Carol Stream, IL 60132 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$7,552.69
3.85	Nonpriority creditor's name and mailing address IMA, Inc. 1705 17th Street, Suite 100 Clarksboro, NJ 08020-2000 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$46,657.00
3.86	Nonpriority creditor's name and mailing address IntelliCorp Records, Inc PO Box 27903 General Post Office New York, NY 10087-7903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$125.00
3.87	Nonpriority creditor's name and mailing address J & M Premier Services Inc PO Box 1089 Frankston, TX 75763-1089 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$10,860.00
3.88	Nonpriority creditor's name and mailing address Jackson Walker L.L.P P.O. Box 130989 Dallas, TX 75313-0989 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$37,256.37

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.89	Nonpriority creditor's name and mailing address James Corona 17939 FM 417 S. Devine, TX 78016	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Insurance Claims</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90	Nonpriority creditor's name and mailing address James Elizondo 818 Drew Lane Pearsall, TX 78061	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Insurance Claims</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.91	Nonpriority creditor's name and mailing address James Wayne 2608 N. Laurent Victoria, TX 77901	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92	Nonpriority creditor's name and mailing address Javier Rodriguez, Jr. 201 Lorna Blanca Road La Joya, TX 78560	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Insurance Claims</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	Nonpriority creditor's name and mailing address Jay Ellet 309 August St. El Campo, TX 77437	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Insurance Claims</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	Nonpriority creditor's name and mailing address JCP Leasing, LLC 16 Waterway Court The Woodlands, TX 77380	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Lease Payments</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	Nonpriority creditor's name and mailing address Joel Leal PO Box 1283 Freer, TX 78357	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date(s) debt was incurred _____	Basis for the claim: <u>Unpaid Insurance Claims</u>
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.96	Nonpriority creditor's name and mailing address K&K Repair Service, LLC 4855 US HWY 87 S Victoria, TX 77905 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address Kennedy Wire Rope & Sling Co. Inc PO Box 4016 Corpus Christi, TX Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address KSI Services, LLC c/o J. Hunter Parrish, Dawson & Parish, 309 W. 7th Street, Suite 915 Fort Worth, TX 76102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address Kunkel Inspections LLC PO Box 3608 Kunkel Oilfield Inspection Victoria, TX 77903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address Kyle Erwin Construction, LLC P.O Box 643 Boyd, TX 76023-0073 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	Nonpriority creditor's name and mailing address Lange Distributing Company, Inc. P.O. Box 3457 Bryan, TX 77805 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address Leroy Rangel PO Box 399 Oakwood, TX 75855 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.103	Nonpriority creditor's name and mailing address Lewis Inspection 5836 HWY 30 West Bedias, TX 77831 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address Life Line Technologies LLC 1245 S College Rd. Suite 101 Lafayette, LA 70503 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address Logan Jar, LLC (Logan Rental) 7850 N. Sam Houston Parkway W.Suite 100 Houston, TX 77064-3319 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	Nonpriority creditor's name and mailing address Logan Kline Tools 8531 East 44th Street Tulsa, OK 74145-4826 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address Logan Oil Tools, Inc PO Box 203846 Dallas, TX 75320-3846 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address LOMC 3202 N Fourth St, Ste 100 Longview, TX 75605 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address Lone Star Safety & Supply, Inc. 2631 Freewood Drive Dallas, TX 75220 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)	
3.110	Nonpriority creditor's name and mailing address Lone Star Star Drill Bits 4102 Russell Drive Gillen Operating Co In Dba Lone Star Dri Corpus Christi, TX 78408 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,311.88
3.111	Nonpriority creditor's name and mailing address M & M Towing Service 1509 Chaparral Road Pearsall, TX 78061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315.00
3.112	Nonpriority creditor's name and mailing address Ma-Tex Wire Rope Co., Inc 1215 Industrial Blvd Kilgore, TX 75662 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,052.65
3.113	Nonpriority creditor's name and mailing address Magic Industries, Inc. 2308 S Laurent Victoria, TX 77901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$604.20
3.114	Nonpriority creditor's name and mailing address Main Event 901 E Hwy 90A Richmond, TX 77406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$814.02
3.115	Nonpriority creditor's name and mailing address Mantek PO Box 971269 Dallas, TX 75397-1269 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$438.88
3.116	Nonpriority creditor's name and mailing address Matera Paper Company, Inc. P.O. Box 200184 San Antonio, TX 78220-0184 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,068.20

Debtor	Hamilton Well Service LLC Name	Case number (if known)	
3.117	Nonpriority creditor's name and mailing address Maverick Oilfield Specialties, Inc. 16135 Aldine Westfield Houston, TX 77032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247,468.57
3.118	Nonpriority creditor's name and mailing address Maxum Rental Tools, Inc 1502 E. Red River St., Suite 241 Victoria, TX 77901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,629.18
3.119	Nonpriority creditor's name and mailing address McCarty Equipment Co LTD PO Box 4346 Dept 207 Houston, TX 77210-4346 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,955.59
3.120	Nonpriority creditor's name and mailing address McGuire Industries 2416 W. 42nd Street Odessa, TX 79764 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,557.33
3.121	Nonpriority creditor's name and mailing address McKenzie Transportation Co Inc PO Box 857 Kilgore, TX 75663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$398.89
3.122	Nonpriority creditor's name and mailing address Miami Energy Services, LLC P. O. Box 1057 Pleasanton, TX 78064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,854.06
3.123	Nonpriority creditor's name and mailing address Michael W. Foster c/o Will Sciba, III Cole Easley Sciba & Williams PC 302 W. Forrest Victoria, TX 77901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown

Debtor	Hamilton Well Service LLC Name	Case number (if known)	
3.124	Nonpriority creditor's name and mailing address Midwest Hose & Specialty, Inc. P.O. Box 96558 Oklahoma City, OK 73143 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,388.01
3.125	Nonpriority creditor's name and mailing address Miguel Ros 4240 Petter Rainosek Loop La Grange, TX 78945 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,612.25
3.126	Nonpriority creditor's name and mailing address Mission Vacuum & Pump Truck Service Inc PO box 1935 Mission, TX 78573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,715.00
3.127	Nonpriority creditor's name and mailing address MKS Services LLC 6389 US Hwy 79 South Palestine, TX 75801 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,752.50
3.128	Nonpriority creditor's name and mailing address Montes Tire Shop 408 W. Comal St. Pearsall, TX 78061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,522.30
3.129	Nonpriority creditor's name and mailing address Morgan City Supply/Houma Distributors PO Drawer 2030 Morgan City, LA 70381 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$883.12
3.130	Nonpriority creditor's name and mailing address National Oilwell Varco PO Box 201224 National Oilwell DHT, LP Wells Fargo Ba Dallas, TX 75320-1224 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,051.11

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.131	Nonpriority creditor's name and mailing address Navajo Fishing & Rental Tools, Inc PO Box 2054 Attn: Accounts Receivable Alvin, TX 77512-2054 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address Netco Energy Products, Inc P.O.BOX 60063 San Angelo, TX 76906 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	Nonpriority creditor's name and mailing address Network Communications PO BOX 2707 Longview, TX 75606 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address Nieto, LLC c/o William W. Rucker 3355 W. Alabama, Suite 825 Houston, TX 77098 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address NOV Wellbore Technologies 3782 Reese Road Rosenberg, TX 77471 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.136	Nonpriority creditor's name and mailing address Nova Healthcare 110 Cypress Station, Suite 152 Houston, TX 77090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137	Nonpriority creditor's name and mailing address Noverto Garcia 417 Pheasant Drive Victoria, TX 77905 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.138	Nonpriority creditor's name and mailing address Ochoa Services LLC 2007 Wharton St El Campo, TX 77437 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139	Nonpriority creditor's name and mailing address Office Depot, Inc. P. O. Box 660113 Dallas, TX 75266-0113 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140	Nonpriority creditor's name and mailing address Oil & Gas Business Solutions, Inc. 4849 Greenvilles Avenue, Suite 1250 Dallas, TX 75206 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.141	Nonpriority creditor's name and mailing address On Demand Business Equipment 5821 SouthWest Fwy Suite 170 Houston, TX 77057 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address On-Site Shred 48 N. Timber Top Document Destruction Inc The Woodlands, TX 77380 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address Osvaldo Salazar 414 Patrick Henry Corpus Christi, TX 78406 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Unpaid Insurance Claims Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address P & L Testing LLC P. O. Box 1107 Giddings, TX 78942 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Hamilton Well Service LLC	Case number (if known)
3.145 Nonpriority creditor's name and mailing address PEC Safety 233 General Patton Avenue Mandeville, LA 70471		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Trade</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,500.00
3.146 Nonpriority creditor's name and mailing address Pedigree Technologies, LLC 4776 28th Ave S Suite 101 Fargo, ND 58104		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Trade</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$66,344.22
3.147 Nonpriority creditor's name and mailing address Penas Welding Service PO Box 56 San Diego, TX 78384		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Trade</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$400.00
3.148 Nonpriority creditor's name and mailing address Performance Sales & Service, Inc. 88 Schmidt Dr Victoria, TX 77905		As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Lawsuit</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$8,237.95
3.149 Nonpriority creditor's name and mailing address Pete Pullin 502 54th Street Nixon, TX 78140		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Unpaid Insurance Claims</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$197.00
3.150 Nonpriority creditor's name and mailing address Power Torque Services P.O Box 539 Bourg, LA 70343		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Trade</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,400.00
3.151 Nonpriority creditor's name and mailing address Praxair Distribution Inc PO Box 120812 Dept 0812 Dallas, TX 75312-0812		As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date(s) debt was incurred _____		Basis for the claim: <u>Trade</u>
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$398.71

Debtor Name	Hamilton Well Service LLC	Case number (if known)	
3.152 Nonpriority creditor's name and mailing address PRO Field Services, Inc PO BOX 525 Hallettsville, TX 77964		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,747.50
Date(s) debt was incurred _____ Last 4 digits of account number _____			
3.153 Nonpriority creditor's name and mailing address Protection 1 PO Box 219044 Protection One Alarm Monitoring Inc. Kansas City, MO 64121-9044		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$560.55
Date(s) debt was incurred _____ Last 4 digits of account number _____			
3.154 Nonpriority creditor's name and mailing address Qualitas Oilfield Service PO Box 205419 Dallas, TX 75320-5419		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,428.00
Date(s) debt was incurred _____ Last 4 digits of account number _____			
3.155 Nonpriority creditor's name and mailing address Randy Balderas DBA Trojan Construction P.O. Box 40 Charlotte, TX 78011		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,630.00
Date(s) debt was incurred _____ Last 4 digits of account number _____			
3.156 Nonpriority creditor's name and mailing address Red Dog Oil Tools Inc. PO BOX 1844 Magnolia, AR 71754-1844		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,974.55
Date(s) debt was incurred _____ Last 4 digits of account number _____			
3.157 Nonpriority creditor's name and mailing address Red's Satellite Service Company PO Box 559 Abilene, TX 79604		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,509.18
Date(s) debt was incurred _____ Last 4 digits of account number _____			
3.158 Nonpriority creditor's name and mailing address Regional Steel Products Inc. P.O. Box 3887 Victoria, TX 77903		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,155.06
Date(s) debt was incurred _____ Last 4 digits of account number _____			

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.159	Nonpriority creditor's name and mailing address Ricardo Lara 2211 Datal St. Hidalgo, TX 78557 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.160	Nonpriority creditor's name and mailing address RMS/Travelers Non-Funded PO Box 361136 Columbus, OH 43236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.161	Nonpriority creditor's name and mailing address RNF Trucking, Inc 2107 County Road 206 Alvin, TX 77511 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.162	Nonpriority creditor's name and mailing address Robert Saucedo 1910 Royal St. El Campo, TX 77437 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.163	Nonpriority creditor's name and mailing address Robison Oilfield Instruments P.O. Box 1078 592 Taylor Street Mineral Wells, TX 76068 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.164	Nonpriority creditor's name and mailing address Rocking W Energy Services, LLC PO Box 458 Banquete, TX 78339-0458 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.165	Nonpriority creditor's name and mailing address Rusk County Electric P. O. Box 1169 Henderson, TX 75653-1169 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.166	Nonpriority creditor's name and mailing address Scott Barrilleaux 5145 Placid Drive Haltom City, TX 76117 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid Insurance Claims</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.167	Nonpriority creditor's name and mailing address Secap Finance PO Box 405371 Atlanta, GA 30384-5371 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.168	Nonpriority creditor's name and mailing address Shell PO Box 183019 Columbus, OH 43218-3019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.169	Nonpriority creditor's name and mailing address South Texas Regional Med. Center P O Box 847974 Dallas, TX 75284-7974 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.170	Nonpriority creditor's name and mailing address Southern Tool Inspection, LLC P.O. Box 52288 Lafayette, LA 70505 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.171	Nonpriority creditor's name and mailing address Sparkletts & Sierra Springs PO Box 660579 Dallas, TX 75266-0579 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.172	Nonpriority creditor's name and mailing address Spill Containment Solutions, Inc. c/o Fernando F. Valdes Valdes Law Firm 2600 S. Shore Blvd., Suite 300 League City, TX 77573 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)	
3.173	Nonpriority creditor's name and mailing address Stone Trucking Co. P.O. BOX 700 Keifer, OK 74041 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,430.00
3.174	Nonpriority creditor's name and mailing address Storm Oilfield Services LLC 842 fisher Road Many, LA 71449 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$690.00
3.175	Nonpriority creditor's name and mailing address Strouhal Tire Corpus P.O. Box 1000 El Campo, TX 77437 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,857.34
3.176	Nonpriority creditor's name and mailing address Super Lube 404 N. Oak Pearsall, TX 78061 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,372.87
3.177	Nonpriority creditor's name and mailing address Superior Performance Inc. P.O. Box 1080 Broussard, LA 70518 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$892.77
3.178	Nonpriority creditor's name and mailing address Target Completions LLC 1700 North Indianwood Ave Broken Arrow, OK 74012 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$247.74
3.179	Nonpriority creditor's name and mailing address Texas Customs & Accessories 3907 Elaine Dr Bryan, TX 77808 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,788.82

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.180	Nonpriority creditor's name and mailing address Texas Health Center, PA 4804 N Navarro Street Victoria, TX 77904 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.181	Nonpriority creditor's name and mailing address Texas Oilfield Hose & Supply LLC PO Box 260074 Cash Flow Experts, Inc Corpus Christi, TX 78426 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	Nonpriority creditor's name and mailing address Texas Oilfield Transportation, Inc PO Box 456 Mt. Enterprises, TX 75681 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address Texas Petroleum Products, Inc. 1014 Gatecrest Houston, TX 77032 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lawsuit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address Tiger Industrial Rentals P.O. Box 790 Crenshaw Enterprises, LTD. DBA Tiger In Beaumont, TX 77704 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.185	Nonpriority creditor's name and mailing address TISD 1502 E Red River True Internet Service Victoria, TX 77901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address TNT Car & Truck Toys PO Box 339 Pleasanton, TX 78064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.187	Nonpriority creditor's name and mailing address TNT Truck Outfitters Graphics 628 HWY 281 S Pleasanton, TX 78064 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.188	Nonpriority creditor's name and mailing address Transamerica Life Insurance Company P.O.Box 742504 Trans America Employee Benefits Cincinnati, OH 45274-2504 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.189	Nonpriority creditor's name and mailing address TravelerRMS PO Box 361136 Columbus, OH 43236 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.190	Nonpriority creditor's name and mailing address Travelers 13607 Collections Center Drive Chicago, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Insurance</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.191	Nonpriority creditor's name and mailing address Trendon Transport 12020 New Day Dr. Fort Worth, TX 76179 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.192	Nonpriority creditor's name and mailing address Tri- Element Inc P.O Box 3586 Houston, TX 77253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.193	Nonpriority creditor's name and mailing address Trojan Const-PowerFunding PO Box 95260 Power Funding, Ltd Grapevine, TX 76099-9752 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Hamilton Well Service LLC Name	Case number (if known)
3.194	Nonpriority creditor's name and mailing address Twin Fountains Walk In Clinic PO Box 4348 Victoria, TX 77903-4348 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.195	Nonpriority creditor's name and mailing address Two Rivers Transport & Hot Shot Service 1770 Fickey Rd Bryan, TX 77808 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.196	Nonpriority creditor's name and mailing address TxTag P O Box 650749 Dallas, TX 75265-0749 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.197	Nonpriority creditor's name and mailing address UniFirst Holdings - Bryan 844 12700 State Highway 30 Suite 100 UniFirst Holdings, Inc College Station, TX 77845 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.198	Nonpriority creditor's name and mailing address UniFirst Holdings - Kilgore 826 P O Box 7393 UniFirst Holdings, Inc. Longview, TX 75607 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.199	Nonpriority creditor's name and mailing address UniFirst Holdings-Pearsall 823 Box 776 UniFirst Holdings, LLC Uvalde, TX 78802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.200	Nonpriority creditor's name and mailing address UniFirst Holdings-Victoria 815 1201 N. John Stockbauer Dr. UniFirst Holdings, Inc Victoria, TX 77901 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	Hamilton Well Service LLC	Case number (if known)
3.201 Nonpriority creditor's name and mailing address United Vision Logistics PO Box 975357 United Vision Logistics Dallas, TX 75397-5357 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$30,905.24
3.202 Nonpriority creditor's name and mailing address Varel International Ind., L.P. P.O. Box 123474 Dept. 3474 Dallas, TX 75312-3474 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$5,660.80
3.203 Nonpriority creditor's name and mailing address Vela Electric P.O. BOX 539 Pearsall, TX 78061 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,103.73
3.204 Nonpriority creditor's name and mailing address Verizon PO Box 15043 Albany, NY 12212-5043 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cellular Phone Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$1,154.18
3.205 Nonpriority creditor's name and mailing address Verizon - Bryan PO BOX 920041 Dallas, TX 75392-0041 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Cellular Phone Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$118.57
3.206 Nonpriority creditor's name and mailing address Victoria Electric Cooperative, Inc. 102 S. Ben Jordan PO Box 2178 Victoria, TX 77902-2178 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Utility Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$2,691.90
3.207 Nonpriority creditor's name and mailing address Victoria Fire & Safety Inc. P.O. BOX 3381 Victoria, TX 77903 Date(s) debt was incurred _____ Last 4 digits of account number _____		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		\$851.84

Debtor	Hamilton Well Service LLC Name	Case number (if known)	
3.208	Nonpriority creditor's name and mailing address Vonage Business PO Box 392415 Pittsburgh, PA 15251-9415 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Telephone Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,031.40
3.209	Nonpriority creditor's name and mailing address Warrior Supply Inc. P.O. Box 4989 Victoria, TX 77903 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Lawsuit Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,508.64
3.210	Nonpriority creditor's name and mailing address Waste Management of Texas PO BOX 43350 Southeast Texas Phoenix, AZ 85080 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trash Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$509.10
3.211	Nonpriority creditor's name and mailing address WEX Bank PO Box 6293 Carol Stream, IL 60197-6293 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$41,876.95
3.212	Nonpriority creditor's name and mailing address Woolley Fishing Tool, Inc. P.O. Box 1249 Kilgore, TX 75663 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Trade Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,389.75
3.213	Nonpriority creditor's name and mailing address Xerox Financial Services PO Box 202882 Dallas, TX 75320-2882 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$671.70

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor	Hamilton Well Service LLC Name	Case number (if known)
5a.		\$ 0.00
5b.	+ \$	<u>6,217,457.33</u>
5c.	\$	6,217,457.33

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

 No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form. Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

Nonresidential Real Property Lease - #3 Cox Road, Kilgore, Texas

State the term remaining

List the contract number of any government contract

BCD Enterprises
PO Box 2920
Kilgore, TX 75663-2920

2.2. State what the contract or lease is for and the nature of the debtor's interest

Nonresidential Real Property Lease - 1987
FM 1581 Pearsall, Texas
78061

State the term remaining

List the contract number of any government contract

Brymer Properties, Ltd.
5777 FM 140 East
Attn: Jeff Brymer
TX 78601

2.3. State what the contract or lease is for and the nature of the debtor's interest

Nonresidential Real Property Lease - 6270
W. Highway 21, Bryan
TX 77807

State the term remaining

List the contract number of any government contract

Donderosa Development Co.
8326 Highway 21
TX 78707

2.4. State what the contract or lease is for and the nature of the debtor's interest

Nonresidential Real Property Lease - 7506
Loop 175, Victoria, TX

State the term remaining

List the contract number of any government contract

James Wayne
2608 N. Laurent
Victoria, TX 77901

Debtor 1 Hamilton Well Service LLC
 First Name _____ Middle Name _____ Last Name _____

Case number (if known) _____

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest Maintenance Agreement

State the term remaining

List the contract number of any government contract

On Demand
2650 Fountainview #140
Houston, TX 77057

2.6. State what the contract or lease is for and the nature of the debtor's interest Copier Lease

State the term remaining

List the contract number of any government contract

Xerox Financial Services
45 Glover Avenue
Norwalk, CT 06856

Fill in this information to identify the case:

Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	
2.2	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	
2.3	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	
2.4	_____	Street _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	City _____	State _____	Zip Code _____	

ACCOUNTS RECEIVABLE

AR Report Date:	06/06/2016	Date	Terms	Due Date	Aging	Open Balance
Houston Petroleum						
	10/12/2015	Net 30		11/11/2015	208	10,790.00
	10/12/2015	Net 30		11/11/2015	208	<u>9,435.00</u>
Total Houston Petroleum						20,225.00
Oil Field Cleantech Water Recycling, LLC						
	11/21/2014	Net 30		12/21/2014	533	<u>11,930.00</u>
Total Oil Field Cleantech Water Recycling, LLC						11,930.00
Petro Tec Oil & Gas						
	12/26/2014	Net 30		01/25/2015	498	<u>7,632.50</u>
Total Petro Tec Oil & Gas						7,632.50
Ranger O & G Operating, LLC						
	11/19/2014	Net 30		12/19/2014	535	824.50
	11/21/2014	Net 30		12/21/2014	533	10,525.00
	12/01/2014	Net 30		12/31/2014	523	585.00
	12/01/2014	Net 30		12/31/2014	523	<u>2,145.00</u>
Total Ranger O & G Operating, LLC						14,079.50
Rick's Well Service						
	05/28/2015	Net 30		06/27/2015	345	<u>10,774.09</u>
Total Rick's Well Service						<u>10,774.09</u>
TOTAL						<u>64,641.09</u>

SCHEDULE B - 11

ACCOUNTS RECEIVABLE

AR Report Date: 06/06/2016

	<u>Date</u>	<u>Terms</u>	<u>Due Date</u>	<u>Aging</u>	<u>Open Balance</u>
Americo Energy Resources LLC					
	04/06/2016	Net 30	05/06/2016	31	5,650.00
	04/07/2016	Net 30	05/07/2016	30	<u>5,705.00</u>
Total Americo Energy Resources LLC					11,355.00
Bayshore Operating					
	11/12/2015	Net 30	12/12/2015	177	<u>6,927.50</u>
Total Bayshore Operating					6,927.50
Chesapeake Energy Corporation					
	03/24/2016	Net 30	04/23/2016	44	385.00
	04/11/2016	Net 30	05/11/2016	26	<u>2,653.75</u>
Total Chesapeake Energy Corporation					3,038.75
Edwin S. Nichols Exploration Inc.					
	05/03/2016	Net 30	06/02/2016		<u>2,550.00</u>
Total Edwin S. Nichols Exploration Inc.					2,550.00
Enhanced Recovery Solutions, Inc					
	01/08/2016	Net 30	02/07/2016	120	1,001.70
	01/08/2016	Net 30	02/07/2016	120	6,695.00
	01/08/2016	Net 30	02/07/2016	120	12,276.34
	01/15/2016	Net 30	02/14/2016	113	<u>48,623.50</u>
Total Enhanced Recovery Solutions, Inc					68,596.54
First Solid Energy Group LP					
	12/30/2015	Net 30	01/29/2016	129	1,430.00
	01/07/2016	Net 30	02/06/2016	121	1,305.00
	01/07/2016	Net 30	02/06/2016	121	16,675.00
	01/12/2016	Net 30	02/11/2016	116	4,065.00
	01/12/2016	Net 30	02/11/2016	116	6,345.00
	01/14/2016	Net 30	02/13/2016	114	17,115.00
	01/20/2016	Net 30	02/19/2016	108	12,100.00
	01/22/2016	Net 30	02/21/2016	106	10,990.00

SCHEDULE B - 11

ACCOUNTS RECEIVABLE

	01/28/2016	Net 30	02/27/2016	100	18,075.00
	02/09/2016	Net 30	03/10/2016	88	4,000.00
Total First Solid Energy Group LP					<u>92,100.00</u>
Huma Energy LLC					
	04/15/2016	Net 30	05/15/2016	22	<u>17,750.00</u>
Total Huma Energy LLC					<u>17,750.00</u>
KROG Partners					
	11/20/2015	Net 30	12/20/2015	169	4,700.00
	01/01/2016	Net 30	01/31/2016	127	<u>4,532.50</u>
Total KROG Partners					<u>9,232.50</u>
Lone Oak Energy, Inc					
	05/03/2016	Net 30	06/02/2016		30,626.50
	05/10/2016	Net 30	06/09/2016		<u>20,910.00</u>
Total Lone Oak Energy, Inc					<u>51,536.50</u>
Noble Energy					
	04/26/2016	Net 30	05/26/2016	11	75,055.00
	05/03/2016	Net 30	06/02/2016	4	55,595.00
	05/16/2016	Net 30	06/15/2016		<u>60,750.00</u>
Total Noble Energy					<u>191,400.00</u>
Sabine Oil & Gas					
	03/21/2016	Net 30	04/20/2016	47	12,247.50
	04/29/2016	Net 30	05/29/2016		5,495.00
	04/29/2016	Net 30	05/29/2016		7,025.00
	05/03/2016	Net 30	06/02/2016		<u>22,937.50</u>
Total Sabine Oil & Gas					<u>47,705.00</u>
Sanchez Oil & Gas					
	03/08/2016	Net 30	04/07/2016	60	941.48
	03/08/2016	Net 30	04/07/2016	60	414.06
	03/17/2016	Net 30	04/16/2016	51	576.43
	03/22/2016	Net 30	04/21/2016	46	1,500.93
	03/30/2016	Net 30	04/29/2016	38	1,096.58
	04/06/2016	Net 30	05/06/2016	31	734.20
	04/07/2016	Net 30	05/07/2016	30	21,355.00
	04/11/2016	Net 30	05/11/2016	26	15,015.00

SCHEDULE B - 11

ACCOUNTS RECEIVABLE

04/13/2016	Net 30	05/13/2016	24	2,550.37
04/14/2016	Net 30	05/14/2016	23	14,685.00
04/25/2016	Net 30	05/25/2016	12	1,384.20
04/27/2016	Net 30	05/27/2016	10	42,240.00
04/27/2016	Net 30	05/27/2016	10	19,753.73
04/29/2016	Net 30	05/29/2016	8	1,738.20
04/29/2016	Net 30	05/29/2016	8	325.00
05/06/2016	Net 30	06/05/2016		22,440.00
Total Sanchez Oil & Gas				146,750.18
Sundance Energy				
10/08/2015	Net 30	11/07/2015	212	8,980.00
10/12/2015	Net 30	11/11/2015	208	523.21
10/12/2015	Net 30	11/11/2015	208	839.26
10/12/2015	Net 30	11/11/2015	208	1,882.67
11/02/2015	Net 30	12/02/2015	187	957.13
03/18/2016	Net 30	04/17/2016	50	1,326.96
03/24/2016	Net 30	04/23/2016	44	645.22
03/24/2016	Net 30	04/23/2016	44	298.77
03/24/2016	Net 30	04/23/2016	44	264.13
03/24/2016	Net 30	04/23/2016	44	294.44
03/24/2016	Net 30	04/23/2016	44	220.83
03/24/2016	Net 30	04/23/2016	44	220.83
04/18/2016	Net 30	05/18/2016	19	970.51
04/29/2016	Net 30	05/29/2016	8	649.55
05/09/2016	Net 30	06/08/2016		5,249.36
Total Sundance Energy				23,322.87
U.S. Energy Development Corporation				
04/01/2016	Net 30	05/01/2016	36	926.00
04/01/2016	Net 30	05/01/2016	36	926.00
04/01/2016	Net 30	05/01/2016	36	926.00
04/01/2016	Net 30	05/01/2016	36	926.00
04/01/2016	Net 30	05/01/2016	36	926.00
05/04/2016	Net 30	06/03/2016	3	6,721.67
05/04/2016	Net 30	06/03/2016	3	5,051.67

SCHEDULE B - 11

ACCOUNTS RECEIVABLE

05/04/2016	Net 30	06/03/2016	3	8,241.67
05/04/2016	Net 30	06/03/2016	3	9,415.00
Total U.S. Energy Development Corporation				<u>34,060.01</u>
TOTAL				<u>706,324.85</u>

OFFICE AND COMPUTER EQUIPMENT

HAMILTON WELL SERVICE, LLC

SCHEDULE B-41

Item	Description	Serial Number	Value
Laptop	Lenovo Yoga 3 Pro	PF03YXL2	Unknown
Laptop	Lenovo Yoga 3 Pro	QB08157684	Unknown
Laptop	Lenovo Yoga 3 Pro	MP07312Q	Unknown
Laptop	Lenovo Yoga 3 Pro	PF08JNUF	Unknown
Laptop	Lenovo Yoga 3 Pro	PF06H6J1	Unknown
Laptop	Lenovo Yoga 3 Pro	PF07ZX2E	Unknown
Laptop	Lenovo Yoga 3 Pro	PF05G4M1	Unknown
Laptop	Lenovo Yoga 3 Pro	PF07YTJ5	Unknown
Laptop	Lenovo Yoga 3 Pro	PF06H8WF	Unknown
Laptop	Lenovo Yoga 3 Pro	QB0225740	Unknown
Laptop	Lenovo Yoga 3 Pro	PF03WEC8	Unknown
Laptop	Lenovo Yoga 3 Pro	PF083FPS	Unknown
Printer	HP OfficeJet 6230	TH4AT4B0MH	Unknown
Printer	HP OfficeJet 4630		Unknown
Printer		5740	Unknown
Printer	2546B		Unknown
Monitor	Lenovo		Unknown
Various	Mice, Keyboards, and other computer stuff		Unknown
Tradeshow	dell monitor for tradeshow setup		Unknown
	Tradeshow display booth items		Unknown
Furniture	Various used desks, and office furniture		Unknown

Fill in this information to identify the case:Debtor name Hamilton Well Service LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF TEXAS

Case number (if known) _____

 Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 16, 2016X

Signature of individual signing on behalf of debtor

Brett Jensen
Printed nameManager
Position or relationship to debtor